FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	Oh	(See instruction	Office use only												
NAME OF COMMITTEE (in		neck if name changed)	Example: If typying, type over the lines	12FE4M5											
American Der	ntal Political Action (	mte.			1										
ADDRESS (number and	1111 14	th Street NW													
<b>~</b>	Suite 11	00, , , ,													
(Check if add is changed)	Washin	gton		DC	20005										
			CITY▲	STATE▲	ZIP CODE ▲										
COMMITTEE'S E-MA					1										
1	<u></u>														
COMMITTEE'S WEB	PAGE ADDRESS (URL)														
		шш													
COMMITTEE'S FAX 202-898-2437	NUMBER														
2. DATE <b>M 0</b> 1	M / D D / Y Y Y 1	9 6 9 Y													
3. FEC IDENTIFICA	ATION NUMBER	C	C00000729												
4. IS THIS STATE	MENT NEW (N	) OR	X AMENDED (A)												
I certify that I have exam	nined this Statement and to the	ne best of my know	rledge and belief it is true, correct a	nd complete	_										
Type or Print Name of	Treasurer Will	iam M. Prenti	ce, Asst. Treasurer												
Signature of Treasure	r Electronically Filed by	William M.	Prentice, Asst. Treasurer	Date 12 <sup>M</sup>	06 2006										
NOTE: Submission of fa	•	•	subject the person signing this State	·	_										
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)										

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party. or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY STATE ZII	P CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	

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Write or Type Comr	mittee Name					
American De	ental Political	Action Cmte.				
		ify by name, address, (phone number books and records.	er optional), and posit	ion of th	e person in	
Full Name						
Mailing Address	-					
Title or Position	<b>-</b>	CITY A	STATE	_	ZIP CODE	<b>.</b>
			Telephone number			
B. <b>Treasurer:</b> List name and add	st the name ar dress of any de	nd address (phone number optiona esignated agent (e.g., assistant treas	al) of the treasurer of the surer).	commit	itee; and the	
Full Name of Treasurer	Roger W	Triftshauser				
Mailing Address	_	5A Batavia City Ctr				
	-	Batavia	NY		14020 2	168
Title or Position	<b>∀</b>	CITY A	STATE	≛▲	ZIP CODE	<b>\</b>
	dentist		Telephone number	585		0775
Full Name of Designated Agent	William N	//. Prentice, Asst. Treasurer				
Mailing Address	_	1111 14th Street NW				
	_	Suite 1100				
	_	Washington	DC	_	20005	
Title or Position	<b>∀</b>	CITY A	STATE	<b>A</b>	ZIP CODE	١.
			Telephone number	202		5161

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds acc safety deposit boxes or maintains funds.														cco	unt	ts, ı	ren	ts																				
	Name of Bank, Depository, etc.																																						
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	Mailing Address					ı																																	. 1
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